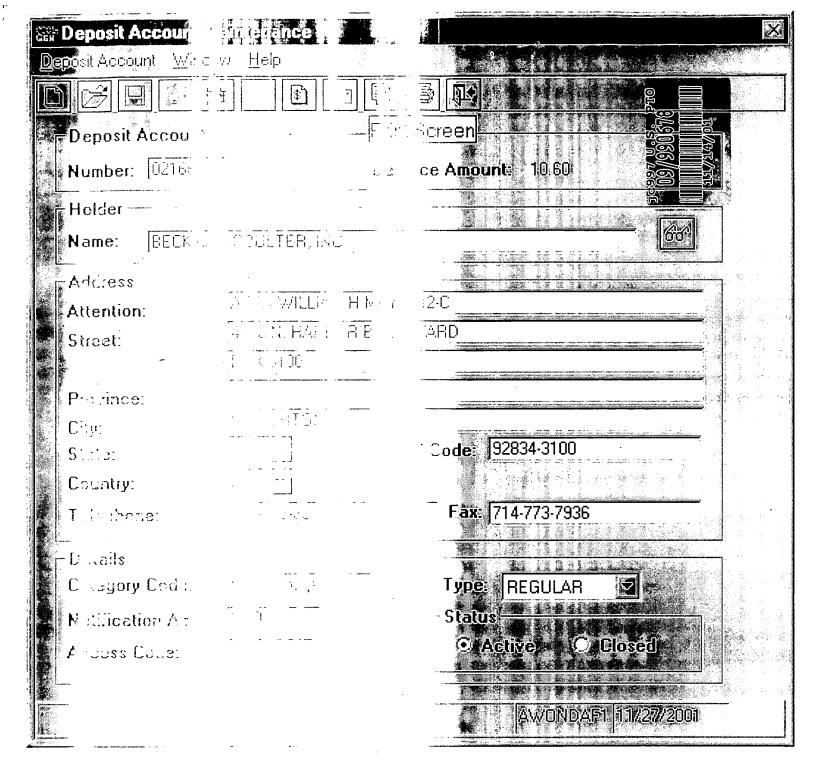
PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

2010-045

(Column 1) (Column 2)							SMALL ENTITY TYPE		ΩR	OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS	28				_	RATE	FEE) 	RATE	FEE	
FO	R		NUMBER I		NUMB	ER EXTRA	⊢	ASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	28 minus 20= *		*	8		X\$ 9=	- <u></u>	OR	X\$18=	144,a	
INDEPENDENT CLAIMS			5 minus 3 = *		*	2		X42=		OR	X84=	168,00
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+140=		OR	+280=	0	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			L	TOTAL		OR		1052:00	
	С	LAIMS AS A	AMENDED - PART II							, 0	OTHER	
		(Column 1)		(Colur		(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AIM	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MULTIPLE DEPENDENT CLAIM				Γ,	+140=		OR	+280=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AD	DII. FEE			ADDIT: I CE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	COL ALLA	=		X42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	ENDEN	CLAIN		-	+140=	·	OR	+280=	
							L	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
	•	(Column 1)		(Colu	mn 2)	(Column 3)				•	ADDII. 1 CC	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 0. 4.1.4	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	LENDEN	CLAIM		\	140=	·	OR	+280=	
*	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2, write	e "0" in co	lumn 3.	, L	TOTAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												



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NOTICE OF FEE DUE

DATE:	11-26-01			, a.s
TO:	11-26-01 Hality			1099 109
FROM:	l Office of Initial Patent Examin			
SUBJECT	Γ: Fee Due	•		
APPLICA	ATION NUMBER:			
Office for authorizat	ue for the attached document sub- the following reason. Please che tion to charge a deposit account. e appropriate fee. If an authorizat ficiency.	ck the applicati If an authorizati	on for the appropriate on is present, please	
□ Insuffi	icient fee by check			
M- Insuffi	cient funds in deposit account			
□ Declin	ed credit card	•		
□ Non au	uthorization for charge to deposit	account		
□ No fee	submitted per requirement			
	,	•		
The correct	ct fee code:	amount	\$	
The suspe	nded fee code: 197	amount	- \$	
Fee Due		amount	=\$	
	e any questions, please contact Cy artz at 703-308-3642.	nthia Streater a	t 703-306-5430 or	
Tarminal C	nerator Mallan			